# UnitedHealthcare Community Plan Kansas

# How do I …
# Submit claims for KanCare members

**UnitedHealthcare®**
**Community Plan**

- ➢ Electronically through your established claim clearinghouse – our electronic payer ID is 96385

- ➢ Through the KanCare Front End Billing option which is a free service that allows providers to continue to bill UB-04, CMS-1500 and KanCare dental claims directly to Hewlett-Packard Enterprise Services just as Kansas Medicaid claims are currently submitted

- ➢ CMS-1500 billers can file claims directly through our UHCOnline web portal.  Once loaded in our claim system, providers may sign up as a new user and create a user name and password for the secure website

- ➢ On paper – the paper claim address is:
  - • KMAP,   P.O. Box 3571,   Topeka, KS    66601-3571

- ➢ Most Home and Community Based Services require Electronic Visit Verification (EVV). The services that require EVV have not changed. Services that require EVV are billed via AuthentiCare through the Front End Billing process

# How do I …
# Check the status of my claims

**UnitedHealthcare®**
**Community Plan**

Approximately 36 hours after claims are transferred to UHC, providers can view their claims on our secure website at UHCOnline.com

- ➢ Log in with your user name and password

- ➢ Complete the requested information in the Check Claim Status search box on the home page and click the Search button

- ➢ Select More Search Options for access to other methods of finding claims

**OR**

- ➢ Call UnitedHealthcare Provider Services at 877-542-9235 to verify claim status

# How do I …
## Identify claim processing timeframes

UnitedHealthcare®
Community Plan

| | FEB | Clearinghouse | MCO Portal HCFA1500 only | Claim Status on MCO Web Portal Appears As |
|---|---|---|---|---|
| **Claim Submission** | - | - | - | - |
| **Claim Transferred** | 1 day* | 1 day | Immediate | - |
| **Claim Reviewed** | 1-10 days | 1-10 days | 1-10 days | Pending – viewable approx. 3 days after claim transferred |
| **Payment/Denial Determination** | 1 day | 1 day | 1 day | Paid/Denied |
| **EFT Transaction (If applicable)** | 1 day | 1 day | 1 day | Paid/Denied |
| **Check Cut (If applicable)** | 1 day | 1 day | 1 day | Paid/Denied |
| **Check Delivered** | 1-3 days | 1-3 days | 1-3 days | Paid/Denied |
| **Total Processing Time** | 4-17 days | 4 17 days | 3-16 days | Paid/Denied |

*Claim Transferred referred to claims being transferred from EVV (where applicable) to Hewlett Packard (HP) and then from HP to UnitedHealthcare.

# How do I …
# Set up Electronic Fund Transmission

Providers may access our Electronic Fund Transmission (EFT) form from our website:

➤ Go to www.uhccommunityplan.com, click on For Health Care Professionals at the top of the webpage and select Kansas from the drop down box

➤ Click on the Electronic Data Interchange link on the left of the page

➤ Click on the link for the EFT form.

➤ Complete the form and fax with a voided check, savings deposit slip or bank verification letter to 800-985-5930

➤ Please allow 4-6 weeks for EFT processing

➤ In urgent situations, EFT can be expedited by contacting your Provider Advocate

**UnitedHealthcare®**
**Community Plan**

- ➢ The list of services that require prior authorization can be found in our Provider Administrative guide at www.uhccommunityplan.com, in Chapter 4 – Medical Management.

  - To request by telephone – call 866-604-3267 and select Option 3: Long Term Care/HCBS - select Option 1; All others stay on the line

  - To request by fax – complete the Prior Authorization Fax Request form on www.uhccommunityplan.com; fax to 866-943-6474

  - To request online, log in to www.uhconline.com and select Notification/Prior Authorization Submission from the Notification/Prior Authorization drop down box

- ➢ Dental services that require prior authorization can be found in Chapter 9 of the Provider Administrative Guide – authorization may be submitted on-line at www.uhcproviders.com, electronically or on paper. See the Dental Chapter of the Provider Administrative Guide for details.

- ➢ Vision services that require prior authorization can be found in the Vision Provider Supplemental Appendix at www.uhccommunityplan.com.

# How do I …
# Know when prior authorization is needed

UnitedHealthcare®
**Community Plan**

➢ Nursing facilities –

- Authorization is **not** needed for residential (custodial) stays and bed holds

- Authorization is needed for post acute nursing facility admissions that meet the Medicare skilled guidelines when Medicaid is primary

➢ Home and Community Based Service providers – when authorization is required, the Care Coordinator will generate an authorization that will be sent to the provider

➢ FMS providers – authorizations are transmitted nightly to AuthentiCare. Please contact your FMS clinical contact with questions – the FMS contact grid is posted on our website at www.uhccommunityplan.com

# Website Resources on uhccommunityplan.com

**UnitedHealthcare®**
**Community Plan**

Public site – no user name and password is required – click on For Health Care Professionals and select Kansas from the drop down box:

- ✓ Provider Administrative Guide
- ✓ Contacts for health plan and subcontractors
- ✓ Issue log from state stakeholder calls
- ✓ Claim reconsideration request form (claim information link)
- ✓ Drug Formulary/ and Pharmacy Prior Authorization Form (pharmacy link)
- ✓ Provider Forms – PCP change form, Prior Authorization form (provider form link)
- ✓ EDI resources – EFT form, EDI companion guides and claim information
- ✓ Clinical Practice Guidelines
- ✓ Provider Bulletins

Under Find a Physician link:
- ✓ Provider Directories and Find A Doc search

# Website Resources on uhconline.com

**UnitedHealthcare®**
**Community Plan**

Resources on non-secure section – no user name and password needed

Under Tools & Resources:

- ✓ Access training and education information, webinars and tutorials

- ✓ Access information on health literacy and cultural competency

- ✓ Access instructions and quick reference guides on web resources

Resources on secure section - user name and password is needed

- ✓ Verify member eligibility

- ✓ Check claim status

- ✓ Correct claims online (CMS1500 billers)

- ✓ Access pdf version of your Explanation of Benefits

- ✓ Request prior authorizations/check status of prior authorizations

- ✓ Primary Care Physicians may access PCP Panel Rosters

# How do I …
# Know when to contact subcontractors

UnitedHealthcare®
Community Plan

Our network subcontractors should be contacted directly for questions regarding contract/credentialing status, authorizations and claims

OptumBehavioral Health

Call Customer Service at 855-802-7095

OptumRx

Call the Pharmacy Help Desk at 877-305-8952

OptiCare

Call 866-921-7962

Scion Dental

Call the Provider Call Center at 855-878-5372

Logisticare

To schedule a ride call 877-796-5847

# Contact Us

**UnitedHealthcare®**
Community Plan

To confirm the status of your contract or find your Provider Advocate:

- Physical Health/Ancillary providers – email ks.net.mgmt@uhc.com regarding contracting or email Kansas_PR_Team@uhc.com for your Provider Advocate

- Nursing facilities – email Jennifer Everett at Jennifer_everett@uhc.com or call the provider support team at 888-823-8751

- HCBS providers – email ksunited_longtermcare@uhc.com or a HCBS Provider Advocate territory map is available www.uhccommunityplan.com

- Vision providers – email networkmanagement@opticare.net

- Dental providers – email networkdevelopment@sciondental.com

- BH/SUD providers contact 855-802-7095 or:
  - Nancy-Garner Powers 314-592-3743   nancy.garner-powers@optum.com
  - Monica Meek  913-217-1684     monica.meek@optum.com